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Department of Health and

Human Services

Community Mental Health Services Block Grant | SAMHSA
Priorities and Implementation Plan, FFY 2023

Division of Public and Behavioral Health
Bureau, Behavioral Health Wellness and Prevention



Presenters

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Agenda

- A. Overview: SAMHSA Community Mental Health Services Block Grant (MHBG)**
- B. Implementation Report, FFY 2022**
 - MHBG Table 1 Priority Area & Annual Performance Indicators – Progress Report**

Priority Domains and Types of Mental Health Service

- Workforce development
- Certifications
- Capacity and waitlist monitoring
- Adolescent services
- Assertive Community Treatment
- Early Serious Mental Illness
- Expand uncompensated care

A. Community Mental Health Services Block Grant

<https://www.samhsa.gov/grants/block-grants/mhbg>

Geographical Scope?

The SAMHSA Community Mental Health Services Block Grant (MHBG) program makes funds available to **all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions** to provide community mental health services.

What is the Community Mental Health Services Block Grant (MHBG)?

The MHBG program's objective is to support the grantees in carrying out plans for providing comprehensive community mental health services. The MHBG program is authorized by <http://www.gpo.gov/fdsys/pkg/USCODE-2010-title42/pdf/USCODE-2010-title42-chap6A-subchapXVII-partB.pdf>

SAMHSA's Center for Mental Health Services' (CMHS) Division of State and Community Systems Development (DSCSD) administers MHBG funds. **Grantees can be flexible in the use of funds for both new and unique programs or to supplement their current activities.**

In addition to providing MHBG awards, **CMHS provides recipients with technical assistance (TA)**. The **TA supports the use of evidence-based programs.**

B. Implementation Report, FFY 2022

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 1

Priority Area: Workforce Development

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PWWDC, PP, ESMI, PWID

Goal of the priority area: Increase and expand the workforce in Nevada for substance use, mental health and prevention. Provide tools to employers for creating a recovery friendly workforce.

Objective: To provide training opportunities for individuals in the field for treatment and/or prevention.

Strategies to attain the goal: Allocate funding (MHBG and SABG) to the Center for the Application of Substance Abuse Technologies (CASAT) for the purpose of creating and hosting in-person, online and self-passed learning opportunities.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase the number of Continuing Education Units (CEUs) received by Workforce Profession (*Alcohol & Drug Abuse Counselors; Alcohol, Drug, & Gambling Counselors; Nursing; Marriage and Family Therapists and Clinical Professional Counselors; Social Workers*) and by Content Areas that are required (**mandatory**) for qualifying as a "**Nevada Recovery Friendly Workplace**;" specifically:

- 1-a) Signs and Symptoms of Substance Use, Gambling and Mental Health Issues;
- 1-b) How to Write a Recovery Friendly Workplace Policy Training;
- 1-c) Prescription Medication Safety;
- 1-d) Stress Management and Wellness;
- 1-e) Trauma, Partner Violence and Workplace Violence.

Description of Data: Continuing Education Units (CEUs) earned for approved training.

8/17/2022

B. Implementation Report, FFY 2022 (*Continued*)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 1

Priority Area: Workforce Development

GOAL ACHIEVED

Nevada continues to work with the **Center for Applied Substance Abuse Technologies (CASAT)** to facilitate a variety of in-person, web-based and self-paced trainings. These trainings are offered statewide and cover a broad array of topics related to substance abuse.

Nevada has also partnered with the **Foundation for Recovery, which created a Recovery Friendly Workplace toolkit** that has been used to conduct outreach and to provide technical assistance to businesses that wish to be recovery friendly.

Nevada Bureau of Behavioral Health Wellness and Prevention (BBHWP) continues to work with the **Foundation for Recovery through the Nevada Division of Welfare and Supportive Services (DWSS) to incorporate a Recovery Friendly Workplace initiative with DWSS partners.** As an example, the Recovery Friendly Workplace initiative has assisted DWSS clients in their efforts to gain employment with recovery-friendly employers.

B. Implementation Report, FFY 2022 (*Continued*)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 2

Priority Area: Certifications

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PWWDC, PP, ESMI, PWID

Goal of the priority area: To continue the established certification process, expand certifications to identify specialty endorsements and increase quality oversight and monitoring.

Objective: To create and sustain high quality services for treatment and prevention services. To ensure all facilities are evaluated on a regular basis for fidelity and clinical appropriateness.

Strategies to attain the goal: Use MHBG and SABG funds to partner with the Center for the Application of Substance Abuse Technologies (CASAT) for the purpose of continuing and expanding the certification process. CASAT currently certifies and monitors all co-occurring treatment facilities and prevention providers. SABG and MHBG funds will be used to maintain and expand current certifications to include endorsements for women's services and medication assisted treatment and create a new certification for supportive housing services.

Develop an online tool to assist the community in locating treatment providers and to display results from patient satisfaction surveys and TEDS data. This online tool will inform the community about quality assurance based on patients' satisfaction and the CASAT clinical monitor.

Annual Performance Indicators to measure goal success

Indicator #: 2

Indicator: Increase the number of Certifications for treatment and prevention services. Develop an online tool to provide community provider locations and to display results of consumer satisfaction surveys and CASAT clinical monitoring.

Description of Data: Certifications

B. Implementation Report, FFY 2022 (*Continued*)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 2

Priority Area: Certifications

GOAL ACHIEVED

In year one, Nevada developed [Behavioral Health Nevada](#). This website is a database of behavioral health providers who specialize in substance use disorder and co-occurring mental health disorder treatment services. All agencies listed are certified by the Substance Abuse Prevention and Treatment Agency (SAPTA). In year two, Nevada has continued to maintain this website successfully.

The Bureau of Behavioral Health Wellness and Prevention (BBHWP) recently updated its Division criteria to include **certification for Tenancy Support Services, Recovery Housing, Assertive Community Treatment (ACT) and Substance Use Disorder (SUD) Prevention Coalitions**. In addition, the Problem Gambling Program received an endorsement. New services are being added to the application process with an anticipated start date of July 1, 2022.

B. Implementation Report, FFY 2022 (*Continued*)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 3
Priority Area: Capacity and waitlist monitoring.
Priority Type: SAT, MHS
Population(s): SMI, SED, PWWDC, PP, ESMI, PWID

Goal of the priority area: To implement an online system to track and monitor waitlists and capacity of treatment providers.

Objective: To ensure the state has an accurate system for monitoring provider capacity and waitlists based on real time information and that is easily accessible for hospitals and crisis services.

Strategies to attain the goal: The state has purchased an online bed registry and referral system. Once implemented to treatment providers, hospitals will be able to refer individuals to treatment services through the online system. Providers will be responsible to update and maintain the system with real time information. Funding will be provided to Crisis Services of Nevada for the substance use hotline where they will also have access to the system to facilitate referrals.

Annual Performance Indicators to measure goal success

Indicator #: 3
Indicator: Develop information technology (IT) to monitor and track waitlists and the capacity of treatment providers in real time. Develop IT methodology to assess the functionality and accuracy of the online tracking and monitoring system.
Description of Data: Numbers of individuals on waitlists and numbers of individuals served by treatment providers.

B. Implementation Report, FFY 2022 (*Continued*)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 3

Priority Area: Capacity and waitlist monitoring.

GOAL ACHIEVED

The **OpenBeds system went live in August 2020 with Nevada's hospitals and funded co-occurring treatment providers**. Continued efforts include refining the initial data that were collected and working with the hospitals to incorporate use of the system in their workflow and with treatment providers to update the system daily. Efforts continue to onboard all certified co-occurring treatment providers and to achieve use of the system as an engaged tracking system.

The **OpenBeds system is also being used by Crisis Support Services** to facilitate referrals for individuals who call the Crisis Line.

Nevada continues to work with administrators of the OpenBeds system to create and develop a capacity dashboard that can be used to monitor bed capacity.

B. Implementation Report, FFY 2022 (*Continued*)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 4
Priority Area: Adolescent Services
Priority Type: SAT, MHS
Population(s): SED

Goal of the priority area: To increase services for adolescents by increasing the volume of relevant workforce resources and by engaging school-based services and collaborating with child and family services.

Objective: To ensure that adolescents in Nevada have access to high quality SAT/MH treatment.

Strategies to attain the goal: Work with local universities to create pathways for professional development through fellowships. Fund providers who have the capacity to engage with school districts and deliver services within school settings. Continue to fund services through child and family services for children with SED.

Annual Performance Indicators to measure goal success

Indicator #: 4

Indicator: Identify and increase the workforce that provides SAT and MH services for adolescents, including workforce resources within school settings and through child and family services.

Description of Data: Number of professionals who provide SAT and MH Services for adolescents.

B. Implementation Report, FFY 2022 (*Continued*)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 4

Priority Area: Adolescent Services

GOAL ACHIEVED

School-based services are funded through the MHBG in Clark County. This program provides MH counselors in the school setting to work with youth experiencing SED.

The **Certified Community Behavioral Health Clinics (CCBHC) have been expanded from 3 to 9 CCBHCs.** The CCBHC expansion provides additional needed resources in **both the urban and rural communities.** The CCBHCs are required to provide person-centered and family-centered care to youth with SED. Services are provided based on need regardless of clients' ability to pay.

Nevada DBPH MHBG has partnered with the Nevada Department of Education and the Division for Child and Family Services to split fund a Nevada Statewide School Behavioral Health Coordinator. The Statewide School Behavioral Health Coordinator is one of several linking resources between education and behavioral health **to promote the integration of behavioral health policies that are related to children across systems.** General duties include but are not limited to: **coordination of efforts, collaboration between partners, facilitation of meetings, resources directed to support prevention, and policy advocacy.** The Statewide School Behavioral Health Coordinator continues to assist in generating data and providing support to local education agencies statewide.

B. Implementation Report, FFY 2022 (*Continued*)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #:	9
Priority Area:	Assertive Community Treatment (ACT).
Priority Type:	MHS
Population(s):	SMI, SED
Goal of the priority area:	To increase ACT Teams in Nevada.
Objective:	To provide a team-based treatment model that delivers multi-disciplinary, integrative treatment and support to individuals with SMI on a 24/7 basis.
Strategies to attain the goal:	Work with the Community Behavioral Health Clinics to deploy their ACT Teams, and provide these programs training, monitoring and technical assistance to ensure fidelity to a standard of care model.
Annual Performance Indicators to measure goal success	
Indicator #:	9
Indicator:	Number of ACT Teams in Nevada that deliver multi-disciplinary, integrative treatment and support to individuals with SMI on a 24/7 basis.
Description of Data:	Number of ACT Teams in Nevada that deliver multi-disciplinary, integrative treatment and support to individuals with SMI on a 24/7 basis.

B. Implementation Report, FFY 2022 (Continued)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 9

Priority Area: Assertive Community Treatment (ACT)

GOAL ACHIEVED

Assertive Community Treatment Teams were developed to provide comprehensive and coordinated specialty care for individuals who are suffering from chronic severe mental illness. Carson Tahoe Hospital was Nevada’s first ACT team created to divert individuals from emergency departments and jails. Carson Tahoe’s ACT Program currently has 49 active clients. All Certified Community Behavioral Health Centers (CCBHCs), with the exception of one, are providing Assertive Community Treatment that aligns with the SAMHSA general guidelines for this program. Below is a break down of clients for each CCBHC, as of the start of October:

Number of Active Clients by CCBHC Program:

Quest Counseling (Reno):	17
Carson City Community Counseling:	5
New Frontier (Fallon):	9
Rural Nevada Counseling (Silver Springs):	10
Vitality Counseling Elko:	10
Vitality Counseling Carson:	6
Bridge Counseling (Both Vegas Locations):	44
First Med Health and Wellness (Las Vegas):	0

The [SAMHSA general guidelines](#) suggested that a team should consist of 10-12 FTE staff per 100 clients (approx. 10:1 ratio). For Rural Communities, the maximum number of clients is 60 per team.

B. Implementation Report, FFY 2022 (*Continued*)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 10

Priority Area: Early Serious Mental Illness (ESMI).

Priority Type: MHS

Population(s): SMI, SED

Goal of the priority area: Increase the ESMI Program from one provider located in rural counties to a total of three ESMI providers. The new ESMI providers will be located in urban counties in Northern and Southern Nevada.

Objective: Train providers statewide to provide early identification and evidence-based treatment for individuals with ESMI.

Strategies to attain the goal: A competitive funding announcement will be released to solicit providers to participate in the ESMI program. Funding will go to community providers to ensure individuals continuity of care as they transition from adolescence to adulthood without having to find a new treatment provider. Collaboration with child and family services, state MH providers and the community providers selected to implement ESMI services should ensure access to care.

Annual Performance Indicators to measure goal success

Indicator #: 10

Indicator: The early treatment program of coordinated specialty care (CSC) for ESMI is provided on a 24/7 basis by multi-disciplinary teams of mental health professionals whose expertise span biological, psychological and social domains. Recovery-oriented interventions involve clients, CSC Team members and, when appropriate, family members and significant others.

Baseline Measurement: At baseline, one program in Rural Nevada delivered evidence-based coordinated specialty care (CSC) for ESMI on a 24/7 basis and by multi-disciplinary teams of mental health professionals with expertise spanning biological, psychological & social domains.

First-year target/outcome measurement: Implementation of a second evidence-based program of coordinated specialty care (CSC) for ESMI that is located in an urban county and delivered by multi-disciplinary teams of mental health professionals with expertise spanning biological, psychological & social domains.

Second-year target/outcome measurement: Implementation of a third evidence-based program of coordinated specialty care (CSC) for ESMI that is located in a different urban county and delivered by multi-disciplinary teams of mental health professionals with expertise spanning biological, psychological & social domains.

Description of Data: Number of multi-disciplinary team-based programs in Nevada that deliver evidence-based early interventions and social supports to individuals with ESMI on a 24/7 basis.

B. Implementation Report, FFY 2022 (Continued)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 10

Priority Area: Early Serious Mental Illness (ESMI)

GOAL ACHIEVED

Nevada Department of Health and Human Services has prioritized the statewide implementation of evidence-based coordinated specialty care for individuals experiencing early-stage psychosis.

A. **The NEVADA EARLY TREATMENT PROGRAM for ESMI includes the evidence-based NAVIGATE Early Treatment Program for First Episode of Psychosis (FEP) that is based on the National Institute of Mental Health (NIMH) RAISE model (Recovery After an Initial Schizophrenia Episode)** and was demonstrated in clinical trial to be effective and feasible for implementation within community mental health settings and within rural and low-density population regions. The NAVIGATE Program for FEP involves coordinated specialty care (CSC) for individuals experiencing an initial episode of psychosis of the schizophrenia spectrum type. CSC services are provided by a multi-disciplinary team of mental health professionals whose clinical expertise span biological, psychological, and social domains. Recovery-oriented interventions involve clients, multi-disciplinary team members and, when appropriate, family members and supportive partners. **The NAVIGATE Early Treatment Program for FEP includes an evidence-based, manualized protocol of four core interventions (<https://navigateconsultants.org>): Individual Psychotherapy-Individual Resiliency Training; Pharmacotherapy & Primary (Medical) Care Coordination; Family Education Program; Supported Employment & Education. Assertive case management and peer support services are also provided.** The principal goal is to achieve statewide implementation, with high fidelity, of the national evidence-based NAVIGATE Early Treatment Program of Coordinated Specialty Care for individuals who are experiencing early-stage psychosis.

B. Implementation Report, FFY 2022 (*Continued*)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 10

Priority Area: Early Serious Mental Illness (ESMI).

GOAL ACHIEVED

The Nevada Early Treatment Program for Early Serious Mental Illness (ESMI), including the NAVIGATE Program for First-Episode Psychosis, is supported primarily by the Substance Abuse and Mental Health Services Administration/Mental Health Block Grant 10% set-aside for ESMI. *As a result of the program development and implementation activities described above, 96% of Nevada’s population (3,030,238 residents) currently has regional access to early treatment services for early serious mental illness of the non-affective psychosis type.* The current status of this program is summarized below by behavioral health region and clinic home.

A-1. NORTHERN BEHAVIORAL HEALTH REGION (US Census Bureau, July 2021, pop. est. = 199,632): Carson Tahoe Health, Behavioral Health Services, First Episode of Psychosis (FEP) Program, Carson City, Nevada was the first site selected to implement the NAVIGATE early treatment program of coordinated specialty care (CSC) for individuals experiencing early-stage psychosis in Nevada and it serves persons residing within the Northern Behavioral Health Region. This behavioral health region consists of Carson City and the counties of Churchill, Douglas, Lyon, and Storey. **The Carson Tahoe FEP Program opened to receive patients in February 2019 and is active and ongoing.**

A-2. CLARK BEHAVIORAL HEALTH REGION (US Census Bureau, July 2021, pop. est. = 2,337,214): University of Nevada, Las Vegas/Mojave Counseling, Las Vegas was the second site selected to implement the NAVIGATE early treatment program of coordinated specialty care (CSC) for individuals experiencing early-stage psychosis in Nevada and it serves persons residing within the Clark Behavioral Health Region. This behavioral health region includes Clark County and the portion of Nye County that is south of the 38th parallel of north latitude (NRS 433.314). **The UNLV/Mojave Counseling Early Treatment Program opened to receive patients in February 2020 and is active and ongoing.**

A-3. WASHOE BEHAVIORAL HEALTH REGION (US Census Bureau, July 2021, pop. est. = 493,392): University of Nevada, Reno, Department of Psychiatry and Behavioral Sciences, Reno, Nevada was the third site selected to implement the NAVIGATE early treatment program of coordinated specialty care (CSC) for individuals experiencing early-stage psychosis in Nevada and it serves persons residing within the Washoe Behavioral Health Region. This behavioral region consists of Washoe County. **The University of Nevada, Reno Early Treatment Program for FEP opened to receive patients in October 2021 and is active and ongoing.**

B. Implementation Report, FFY 2022 (*Continued*)

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 10

Priority Area: Early Serious Mental Illness (ESMI).

GOAL ACHIEVED

B. EXPANSION of EARLY TREATMENT SERVICES for EARLY SERIOUS MENTAL ILLNESS is in progress for two domains:

B-1. In May 2022, the scope of the early treatment program for early serious mental illness was expanded to provide evidence-based coordinated specialty care for individuals who are experiencing early-stage affective psychoses (bipolar and unipolar disorders with psychosis). The new program of early treatment for early-stage affective psychoses is located in the **Clark Behavioral Health Region** and will serve as a flagship model for building evidence-based policies and procedures to guide statewide implementation in future funding cycles.

B-2. Early treatment services for early serious mental illness are planned for the remaining behavioral health regions; the Rural Behavioral Health Region (Elko, Eureka, Humboldt, Lander, Pershing, and White Pine Counties) and **the Southern Behavioral Health Region** (Esmeralda, Lincoln, Mineral and Northern Nye Counties).

B. Implementation Report, FFY 2022 *(Continued)*

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 11

Priority Area: Expand uncompensated care.

Priority Type: SAT, MHS

Population(s): SMI, SED, PWWDC, PP, ESMI, PWID

Goal of the priority area: Expand uncompensated care to new providers.

Objective: To provide funding for individuals who have barriers to accessing MH/SAT services. Nevada is currently expanding the CCBHC program from 3 providers to 10. With this new clinic model, individuals with a co-occurring disorder will have increased access to MH/SAT and medical services.

Strategies to attain the goal: Expand funding to two new providers who have become a CCBHC that have not received SAT/MH funding in the past.

Annual Performance Indicators to measure goal success

Indicator #: 11

Indicator: 11-a: Number of new providers who have become a CCBHC that have ***not*** received SAT/MH funding in the past. 11-b: Number of individuals co-occurring mental disorders who had increased access to MH/SAT and medical services.

Description of Data: Number of individuals with a co-occurring mental disorder who experienced an increase in access to MH/SAT and medical services.

B. Implementation Report, FFY 2022 *(Continued)*

MHBG Table 1 Priority Area and Annual Performance Indicators – Progress Report

Priority #: 11

Priority Area: Expand uncompensated care.

GOAL ACHIEVED

Nevada continues working with the **Division of Welfare and Supportive Services (DWSS)** and the **Division of Health Care Financing and Policy (DHCFP)-NV Medicaid** to establish an eligibility policy to support individuals experiencing barriers to behavioral and mental health care because of the high costs of health insurance co-payments and deductibles. This is a long-term project that is finally in the development stages. The *goal is to revise policy so that DWSS eligibility workers can determine eligibility for funding for individuals whose income is too high for Medicaid reimbursement but who are unable to afford the co-pays and deductibles for treatment.* Currently, we are only funding individuals who are uninsured or under insured.

Since the Medicaid expansion during 2016, our co-occurring treatment providers have been able to increase their rates of Medicaid reimbursement. This means that these providers are less reliant on grant funding to support their services. As a result, we have been able to reduce funding for outpatient services and increase funding for residential and transitional living services.



QUESTIONS?

THANK YOU!

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